

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Constantine Auglynas

Town Cumberland County MARYLAND

Died at

Date of death 1909 12 9 Age 25

Sex Male Color or Race White Birth-place Traasstown

Occupation Farmer Where Residing if not at place of death Cumberland

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Sherran Auglynas Father's Birthplace Kent Mon

Mother's Maiden Name Don't know Mother's Birthplace

Name of person giving Information J. C. W. Michaels How related to deceased Son

CAUSES OF DEATH

Primary Typhoid fever How long 5 or 6 weeks

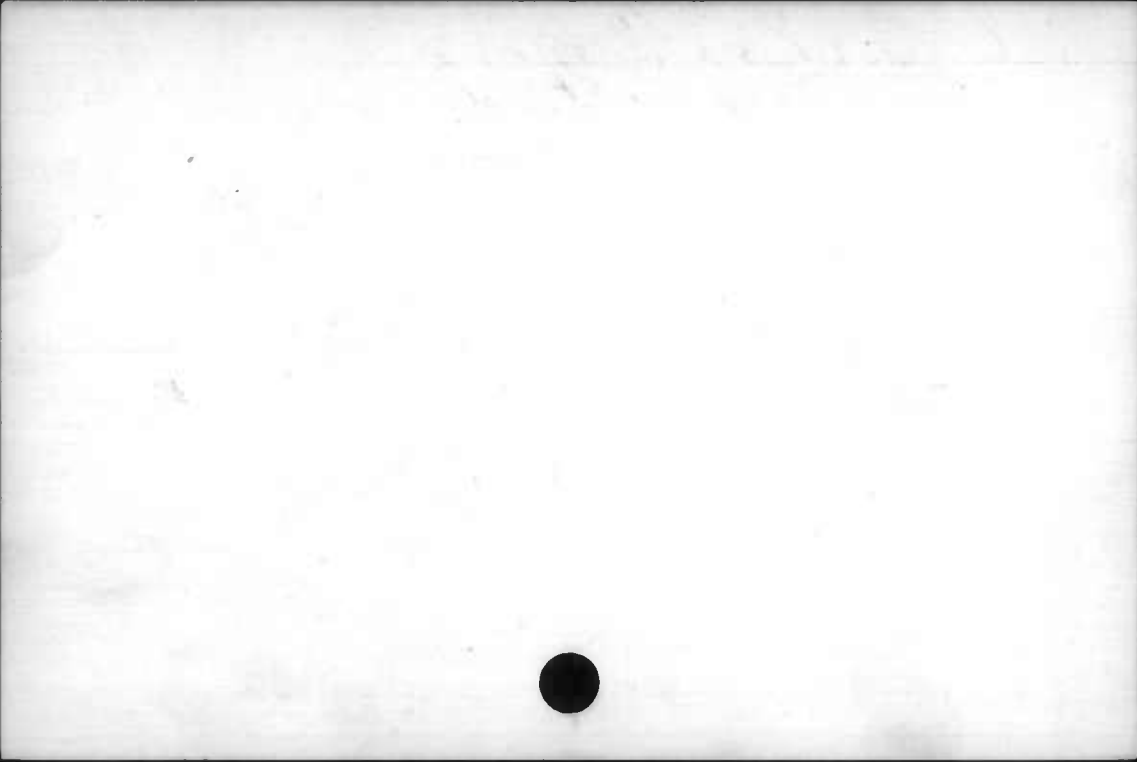
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert Barclay Sr

Died at Lonscoming Town Allegheny County MARYLAND

Date of death 1909 Dec 5 5 Age 67 Months — Days —

Sex Male Color or Race White Birth-place Scotland

Occupation Miner Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or ~~Husband~~ Mary Frazier

Father's Name William Barclay Father's Birthplace Scotland

Mother's Maiden Name Christina Cameron Mother's Birthplace Nova Scotia

Name of person giving Information John Barclay How related to deceased Son

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary Cirrhosis of Liver (Atrophic) How long One year

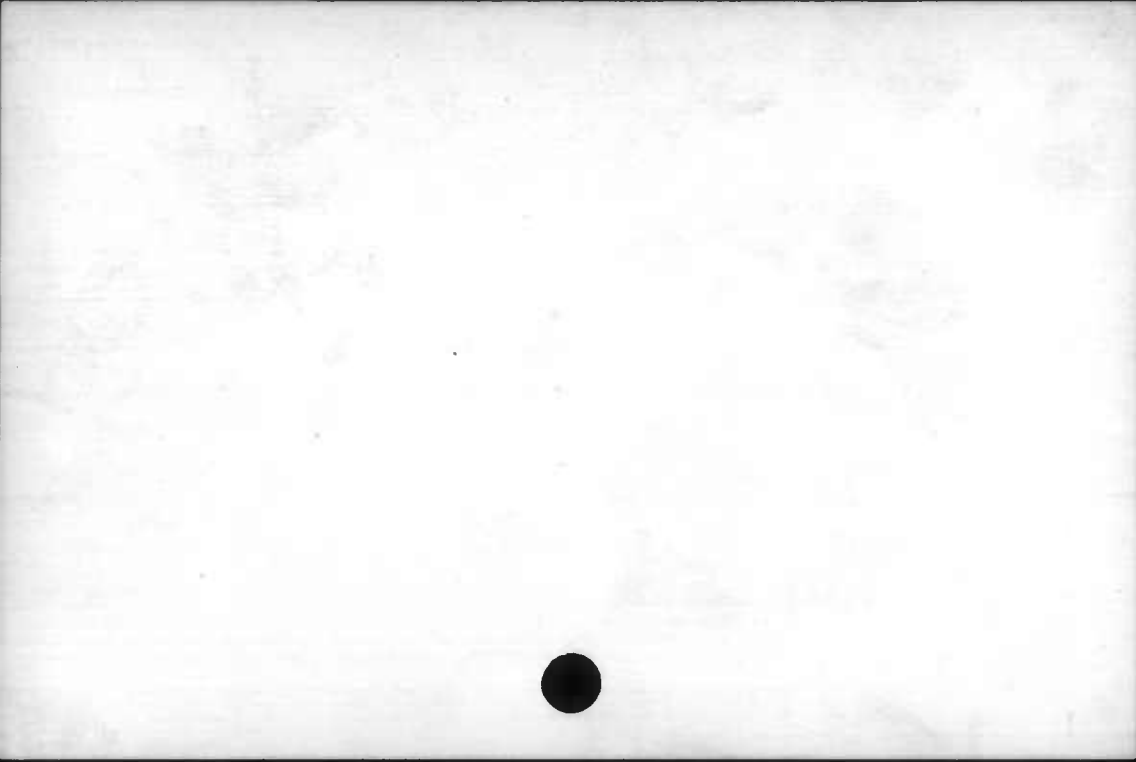
Immediate Inanition How long Three months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W B Skilling M D

Address Lonscoming

Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

Alick Beeman

Town

County

MARYLAND

Died at Lonacony

Alligany

Date

of death

1909

Month

Dec

Day

21

Age

2

Months

2

Days

15

Sex

Male

Color or
Race

White

Birth-
place

Lonacony

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Edward Beeman

Father's
Birthplace

Lonacony

Mother's
Maiden Name

Mary Coleman

Mother's
Birthplace

"

Name of person giving
Information

Mrs. John Beeman

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Laryngeal Diphtheria

How long

4 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

Henry M. Hodgson
Lonacony, Ind

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward Burger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

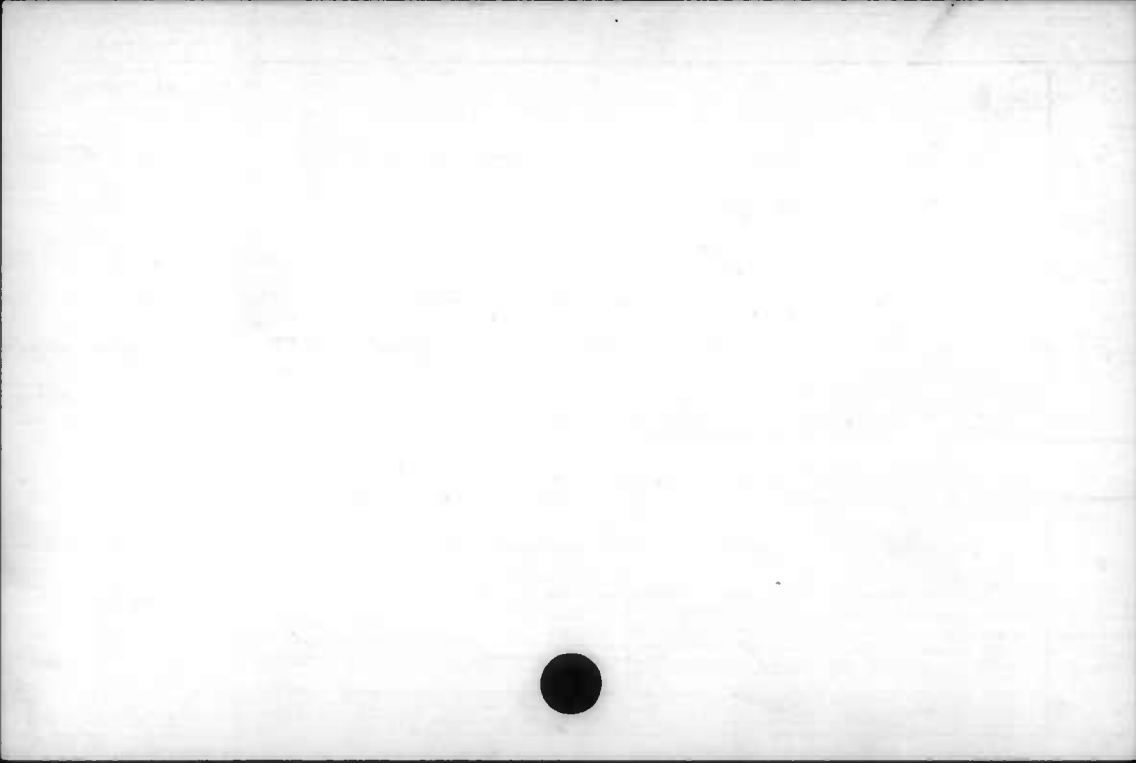
Died at <u>Cumberland</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 1909 DEC 31		Age 51		Months Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Germany</u>	
Occupation <u>Iron Moulder</u>		Where Residing if not at place of death <u>c</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>c</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Joseph Hey's</u>		How related to deceased <u>Friend</u>			

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <u>Cirrhosis of the Liver</u>	How long <u>2 years</u>
Immediate <u>Mitral regurgitation</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>William R. Farnham</u>
	Address <u>109 Virginia Ave Cumberland Md.</u>
Accident or Suicide	



Name
in
Full

Frank Cole.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Bunk d County Allegany **MARYLAND**
 Died at
 Date of death 1909 Dec 14 Age 60 Months — Days —

Sex Male Color or Race Colored Birth-place W. Va

Occupation Iron carrier Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or ~~Husband~~ Louise

Father's Name Frank Cole Sr. Father's Birthplace Va.

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving Information Louise Cole How related to deceased Wife

CAUSES OF DEATH

27

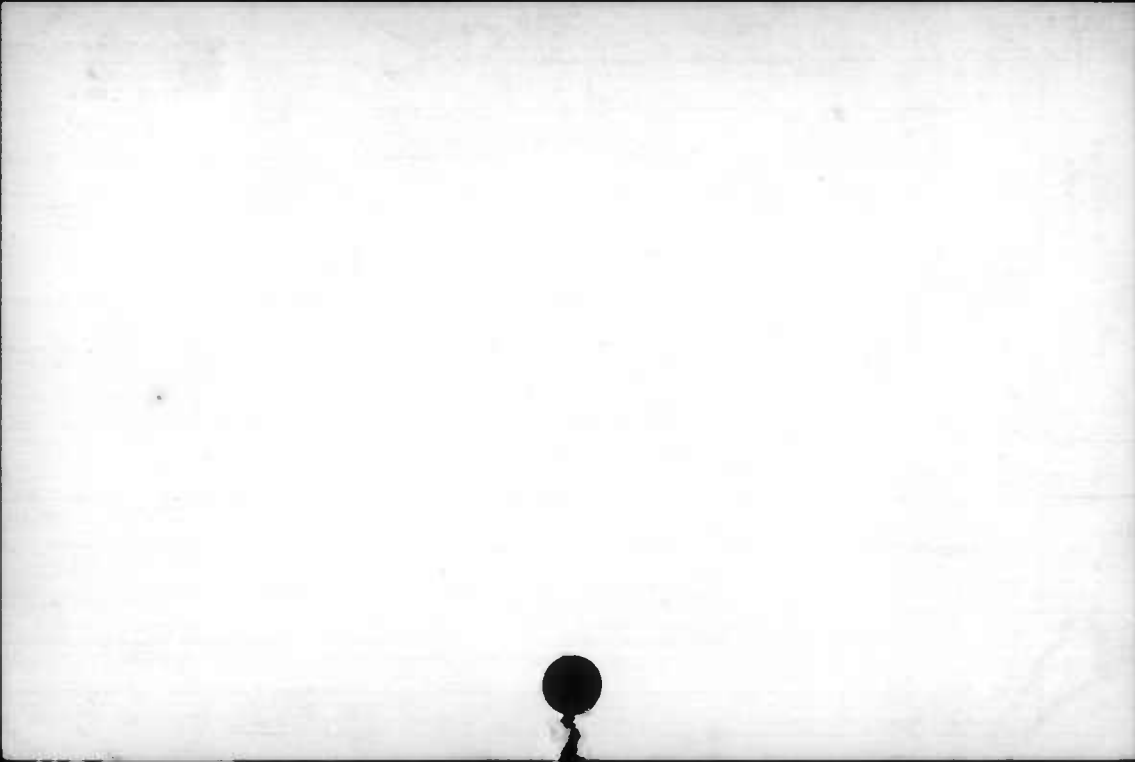
PHYSICIAN
OR CORONER

Primary Tuberculosis lungs How long 6 mos.
 Immediate Exhaustion How long 12 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Surgeon General
 Address 1011 1/2 Medicine

Deer
 Accident or Suicide none



Name
in
Full

Charles Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

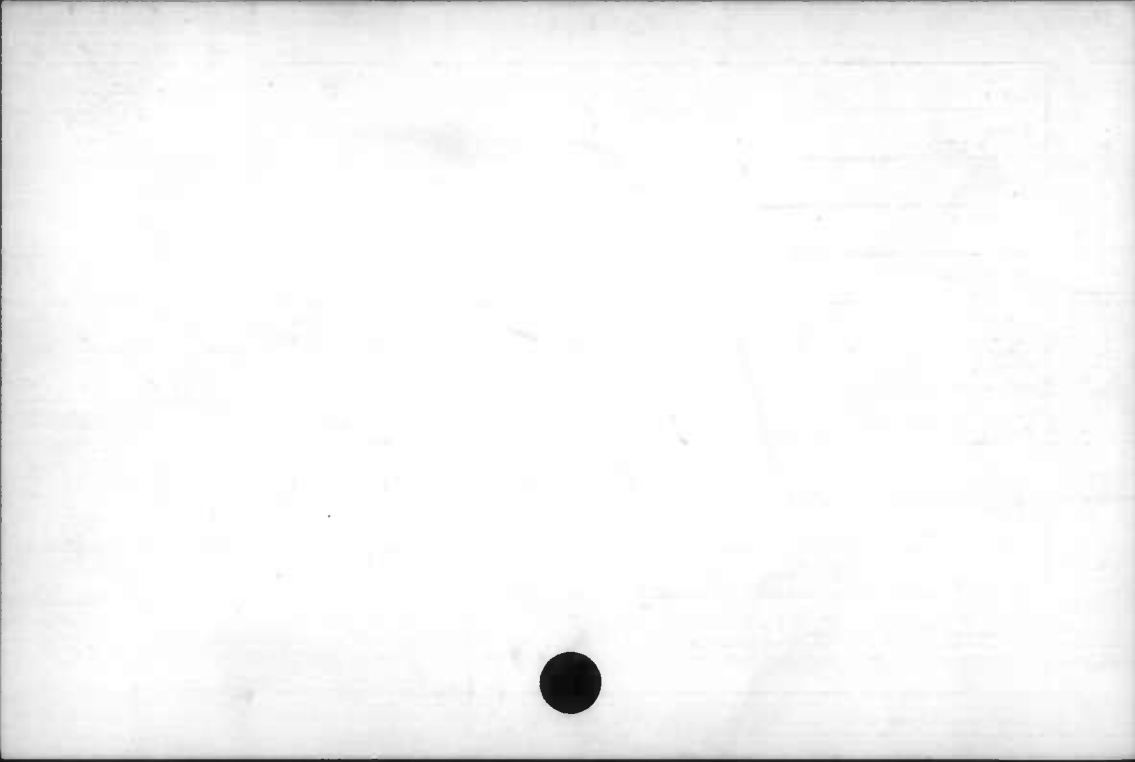
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec.	6	69			
Sex	Male		Color or Race	White		Birth-place	Balto, Md.
Occupation	Blacksmith		Where Residing if not at place of death		oak St. City		
Married, Single or Widowed	Married		Name of Wife or Husband		Georgia Cook		
Father's Name	Do not know				Father's Birthplace	D.K.	
Mother's Maiden Name	" "				Mother's Birthplace	" "	
Name of person giving Information	J.N. Cook				How related to deceased	Son	

CAUSES OF DEATH

64

Primary	Bright's Disease		How long	Several years
Immediate	Apoplexy		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Coroner	
Yes		Address	John J. Dressman, Cumberland.	
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

Ewin Cowgill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

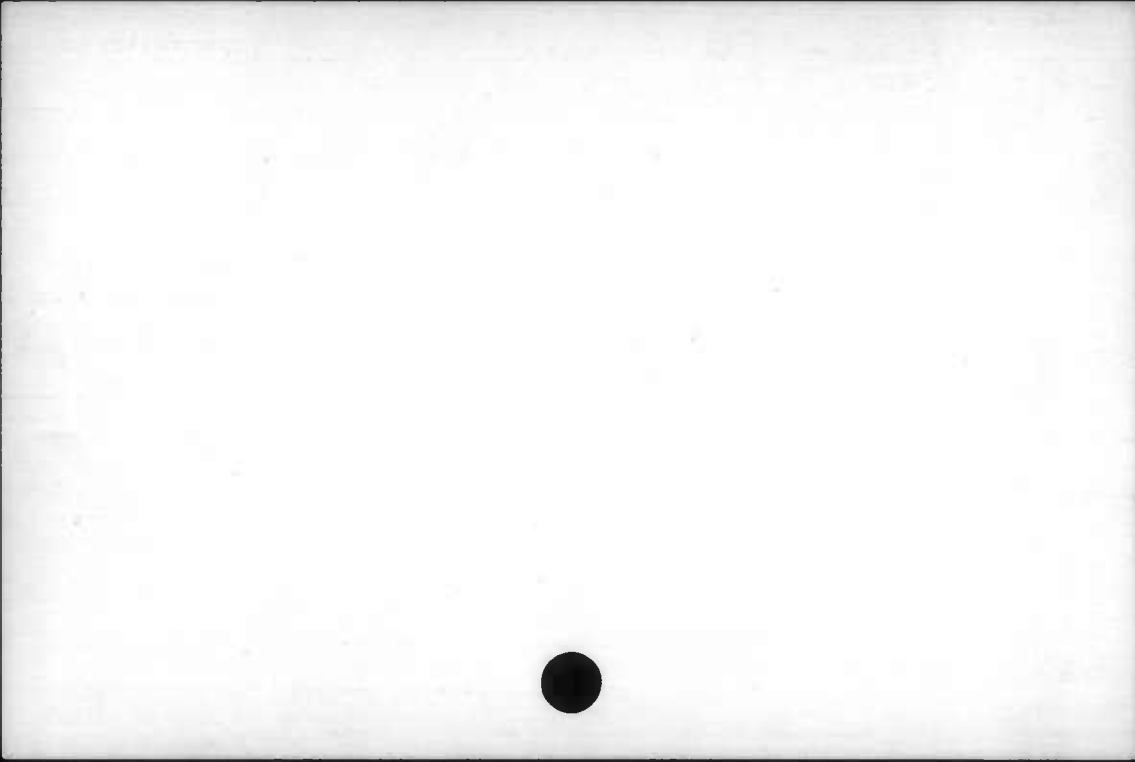
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec.	2	71			
Sex	Male	Color or Race	White	Birthplace	W. Va.		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Margaret Cowgill							
Father's Name	Henry Cowgill			Father's Birthplace	W. Va.		
Mother's Maiden Name	Cathrine Kerns			Mother's Birthplace	W. Va.		
Name of person giving Information	William B. Cowgill			How related to deceased	Son		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Disruptive Depression	How long	4 mo.
Immediate	Exhaustion	How long	1 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Steve.		[Redacted]	
Accident or Suicide			



Name
in
Full

Melinda Dean -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Borden</i>		County <i>Allegheny</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		12	6	66		10	15
Sex	Female		Color or Raca	White		Birth-place	Eckhart Md.
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Frances Klean.			
Father's Name	Levi C. Porter					Father's Birthplace	Eckhart Md.
Mother's Maiden Name	Mary Ann Porter					Mother's Birthplace	Eckhart Md.
Name of person giving Information	Francis Dean					How related to deceased	Husband

CAUSES OF DEATH

64

Primary	Diabetes & Endocarditis		How long	Several years.
Immediate	Cerebral hemorrhage		How long	1 week
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician		
Yes -		D. C. Cohee,		
		Address		
		Frostburg.		
Accident or Suicide		Filed 1909 Md		

PHYSICIAN
OR CORONER

J. Hafer. Allen C

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Fernando Dr Orasio
Town *Cockeysville* County *Allegheny* MARYLAND

Died at *Cockeysville* Month *Dec* Day *10* Age *1* Months *12* Days *5*

Date of death 190 *9* Sex *male* Color or Race *white* Birth-place *Cockeysville*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Luigi Dr Orasio* Father's Birthplace *Italy*

Mother's Maiden Name *Robbino Pallumba* Mother's Birthplace *Italy*

Name of person giving Information *Joseph Grandinetti* How related to deceased *brother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Croupoid Bronchitis* How long *5 days*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. L. Loring M.D.* Address *Frederick Md*

Accident or Suicide

Catholic Cemetery
Frostburg, Md.

Name in Full		Salvatore Dimires				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Eckhart ^{Town}		Alley ^{County}		MARYLAND	
	Date of death	1909	Dec	21	Age	25	Months _____ Days _____
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Coal Miner		Where Residing if not at place of death <input checked="" type="checkbox"/>			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Not Known				Father's Birthplace	Italy
	Mother's Maiden Name	Not Known				Mother's Birthplace	Italy
	Name of person giving information	Antonio Sarra				How related to deceased	Not related
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	11 days
	Immediate	Intestinal hemorrhage				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Droptown Md		
Accident or Suicide?							

Catholic
Cemetery

Name
in
Full

Sarah Miller

Dye

CERTIFICATE OF DEATH

Died at Barton ^{Town} Allegany ^{County} MARYLAND

Date of death 1904 ^{Month} Dec ^{Day} 26 Age 66 ^{Years} 1 ^{Months} 2 ^{Days}

Sex Female Color or Race White Birth-place Allegany, Co.

Occupation St. W. Where Residing if not at place of death ✓

Married, Single or Widowed widowed Name of Wife or Husband James Dye

Father's Name William Miller Father's Birthplace Alleg. Co. Md

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information James Dye How related to deceased Son

CAUSES OF DEATH

Primary Gastritis How long ten days

Immediate Chronic Morphineism How long about 15 years

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician S. A. Brucher

Address Barton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mrs May Fisher

Died at *Cumberland* *allergany* County *MARYLAND*

Date of death *1909* Month *12* Day *14* Age *42* Years Months *0* Days *0*

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *House wife* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Married* Name of Wife or Husband *Geo Fisher*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving Information *Geo Fisher* How related to deceased *Husband*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

79

Primary *Valvular Heart Disease* How long *Several years*

Immediate *Nephritis with Uremia* How long *several months*

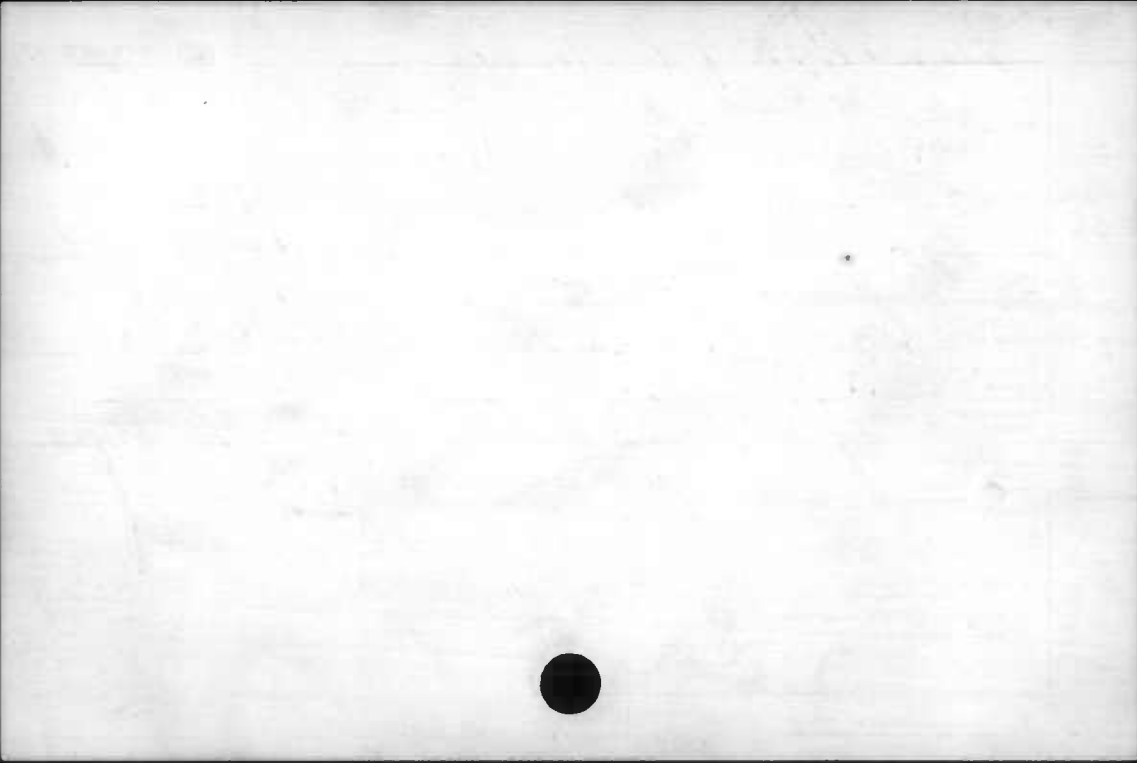
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E B Claybrook*

Address *Cumberland Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Phillip Winfill Scott* *Frank*
Town *Frostburg* County *Alliingany*

Died at *Frostburg*

Date of death *1909* Month *December* Day *28* Age *29* Years Months *Seven* Days *19*

Sex *Male* Color or Race *White* Birth-place *Frostburg*

Occupation *Rock worker* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Tobias Frank* Father's Birthplace *New shaft Md*

Mother's Maiden Name *Annie May Miller* Mother's Birthplace *Miller*

Name of person giving information *John W. Frank* How related to deceased *Brother*

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary *Gun shot wounds* How long *Immediate*

Immediate *Internal hemorrhage* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of *Coroner*
Address *J. J. Dressman*

Accident or Suicide? *Suicide* *Cornt'd Md*

Hoisting Hunt & Wnd

Allegany

Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George A. Griffey.

Town

County

Died at

Elderslie

Allegheny

MARYLAND

Date

1909

Month

Dec.

Day

8

Age

78

Months

11

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Railroader

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Catharine Miller.

Father's
Name

Asbury Griffey

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Clark

Mother's
Birthplace

Md.

Name of person giving
information

Chas Griffey

How related
to deceased

Son.

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

2 yrs

Immediate

Exhaustion

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Stein.

Heart. Smith
Elderslie

Md

Accident or Suicide?



Name
in
Full

Marjorie Gurley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Cumberland* County *Allegh*
 Died at
 Date of death 1909 Month *Dec* Day *4* Age *3* Years Months *6* Days *1*
 Sex *Female* Color or Race *White* Birth-place *Cumld.*
 Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Sanford A Gurley* Father's Birthplace *Cumld Valley Pa.*
 Mother's Maiden Name *Eliza Harrison* Mother's Birthplace *Hedgesville W. Va.*
 Name of person giving Information *Sanford Gurley.* How related to deceased *Father*

CAUSES OF DEATH

Primary *Scarlet Fever* How long *1 week*
 Immediate *Acute Nephritis* How long *3 days*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. H. White*
 Address *Cumld. Ind.*
 Accident or Suicide *Stine*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> Town <i>Alleghany</i> County		MARYLAND			
Date of death <i>1909</i>	Month <i>Dec</i>	Day <i>12</i>	Age <i>47</i>	Months <i>3</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Frostburg</i>			
Occupation <i>Liquor Dealer</i>	Where Residing if not at place of death <i>Frostburg</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Christina</i>				
Father's Name <i>Philip Hartig</i>	Father's Birthplace <i>Hughesville, Pa.</i>				
Mother's Maiden Name <i>Martha E. Miller</i>	Mother's Birthplace <i>Hughesville, Pa.</i>				
Name of person giving Information <i>Otto Hering</i>	How related to deceased <i>Brother-in-law</i>				

CAUSES OF DEATH

Primary	<i>Alcoholism</i>	How long <i>Several years</i>
Immediate	<i>Hemorrhage of stomach</i>	How long <i>25 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>G. L. Lininger</i>
		Address <i>Frostburg</i>
Accident or Suicide		<i>MD</i>

PHYSICIAN
OR CORONER

Allegany Cemetery
Horsburg Lumber Co

Name
in
Full

Henry Hast.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>alleg.</i>		MARYLAND	
Date of death		1909	Month <i>Dec</i>	Day <i>25</i>	Age <i>63</i>	Years <i>63</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>			
Occupation <i>Insurance Agent</i>		Where Residing if not place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary C. Hast.</i>					
Father's Name <i>Conrad Hast.</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>D.H.</i>		Mother's Birthplace <i>#</i>					
Name of person giving Information <i>Louis Hast</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic heart disease (mitral regurgitation)</i>	How long <i>3 or 4 years</i>
Immediate	<i>Cellulitis of right leg</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Seen</i>		Signature of Physician <i>James J. Johnson, M.D.</i>
		Address <i>Cumberland, Md.</i>
Accident or Suicide		



Name
in
Full

Lydia E. Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec	25	68		9	15
Sex	Female		Color or Race	White		Birthplace	Maryland
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	James H. Henry			
Father's Name	Geo. W. Stamp				Father's Birthplace	Md.	
Mother's Maiden Name	Mary Ann Load				Mother's Birthplace	Md.	
Name of person giving information	Jas. H. Henry				How related to deceased	Husband	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Unknown
Immediate	Edema of lungs	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. A. R. Walker	
Address		Frothingham	
Accident or Suicide?		—	

Hofen,
Vale Summit C

Name
in
Full

Jesse Morris Ives

Ives
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

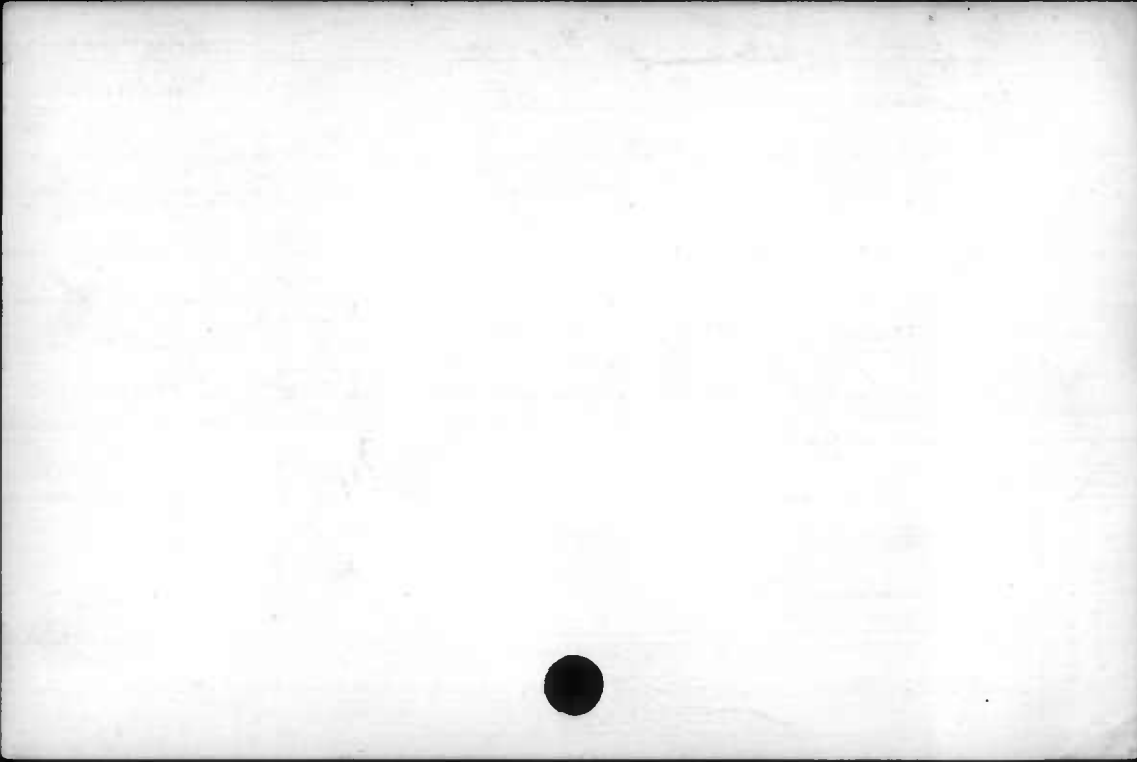
Died at		Town Barnesville		County Adelphi		MARYLAND	
Date of death		1909	Month Dec	Day 22	Age	Months 3	Days
Sex Male		Color or Race W. Irish		Birth-place Barnesville, Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Chas Ives				Father's Birthplace W. Va			
Mother's Maiden Name Bertha Holt				Mother's Birthplace Pa			
Name of person giving Information Chas Ives				How related to deceased Father			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Fracture	How long	all life
Immediate	Exhaustion	How long	2 1/2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician F. Alan E. Murray M.D.	
yes		Address Med. Surgeon	
Accident or Suicide			



Name
in
Full

Garland Davis Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1909	Month Dec	Day 25	Age 13	Years	Months 3	Days 23
Sex	Male		Color or Race	White		Birth-place	Brunswick Md
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed _____			Name of Wife or Husband _____				
Father's Name John W Johnson				Father's Birthplace W, Va			
Mother's Maiden Name Gertrude Arnett				Mother's Birthplace Va			
Name of person giving information Mr J W Johnson				How related to deceased mother			

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	Scalded	Extensive burn 2/3 of body	How long 3 days
Immediate	Exhaustion		How long 3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		G. L. Davis M.D.	
Place of death Brunswick Md		Address Cumberland Md	
Accident or Suicide?			
yes 27			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martha Ann Johnson* County *Allegheny* MARYLAND

Died at *Parkin*

Date of death 190 *9* Month *Dec* Day *1* Age *68* Years Months Days

Sex *Female* Color or Race *White* Birth place *Lonscoming,*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of ~~deceased~~ Husband *James Johnson (deceased)*

Father's Name *Henry Spiker* Father's Birthplace *Unknown*

Mother's Maiden Name *Lavinia Metz* Mother's Birthplace *Unknown*

Name of person giving information *Mr. Russell Fiddy* How related to deceased *Daughter,*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

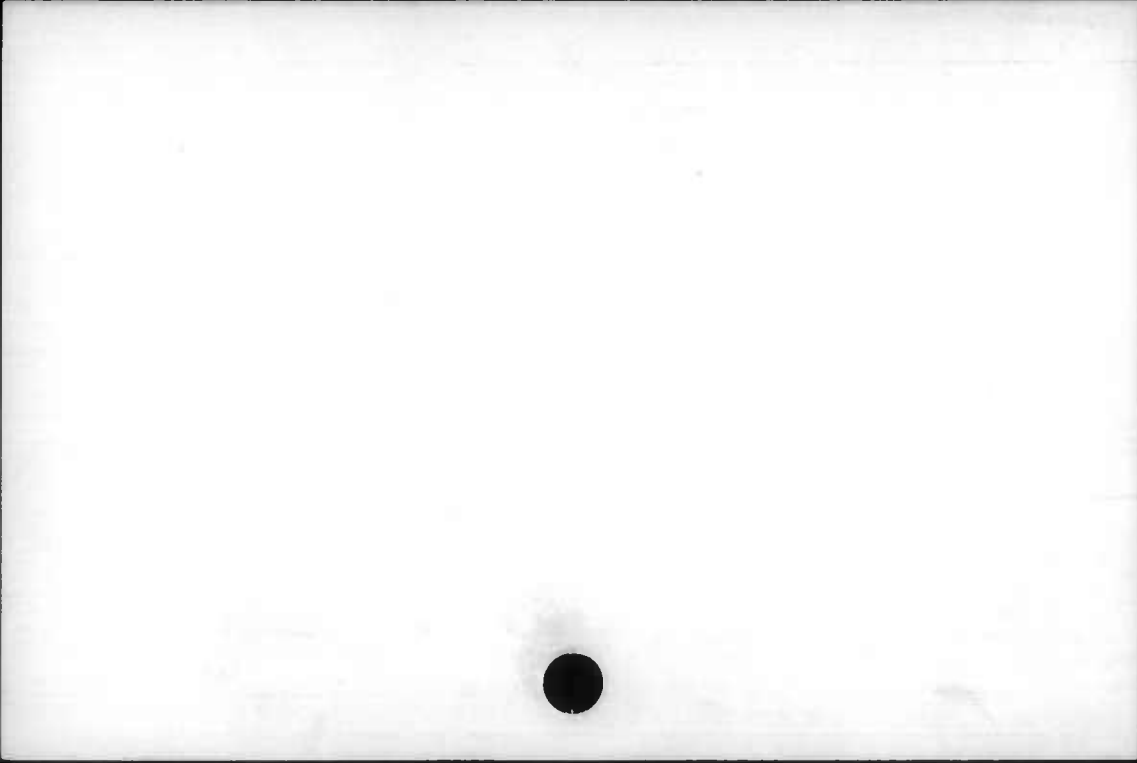
Primary *Carcinoma of Stomach* How long *One year*

Immediate *Inanition* How long *8 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. Skilling M.D.* Address *Lonscoming,*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Idella Cecelia Kaiser* Town *Cumtulaud* County *Alleg.* Maryland

Died at *Cumtulaud* *Alleg.*

Date of death 190 *9* Month *Dec.* Day *23* Age *21* Years Months *2* Days *20*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Tailoress* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Fredrick Kaiser* Father's Birthplace *Germany*

Mother's Maiden Name *Margaret Bach* Mother's Birthplace *Md*

Name of person giving Information *Fredrick Kaiser* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *6 weeks*

Immediate *Exhaustion* How long *6 hrs*

Are the name, age, sex, color, date and place correctly given above?

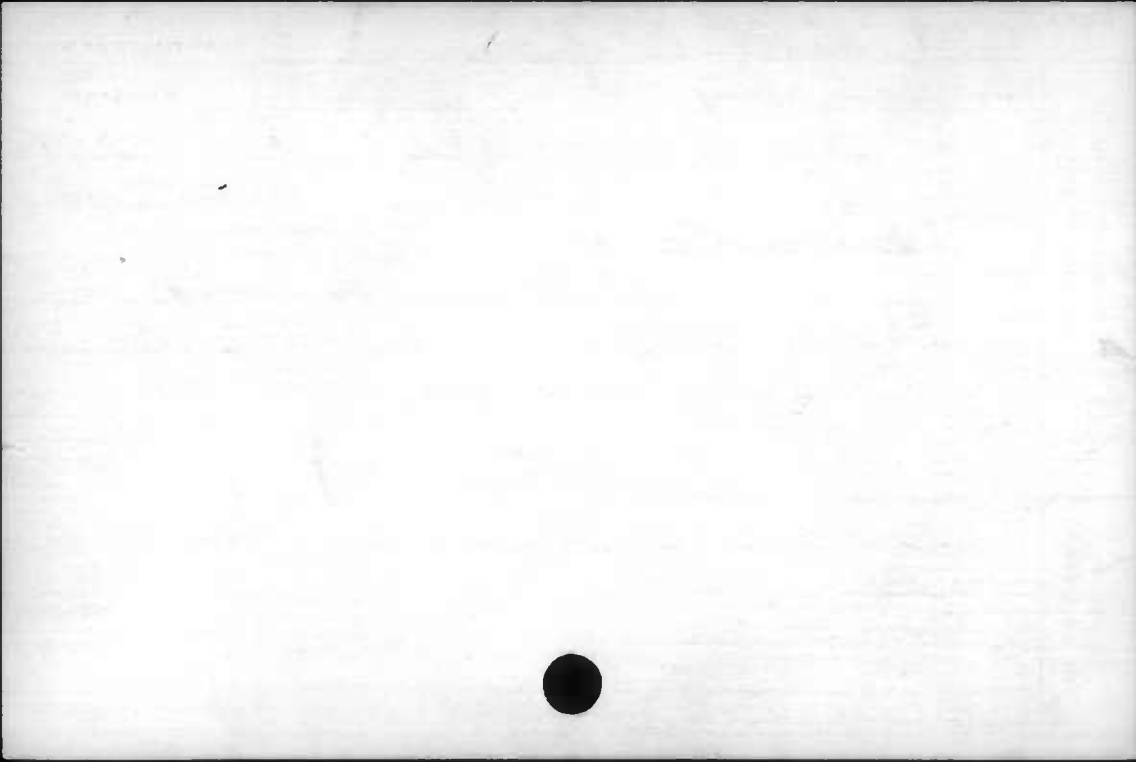
Yes

Signature of Physician

Address

P.B. McDonald
Cumtulaud
McDonald

Accident or Suicide



Name
in
Full

Harriet A Kane
Town Frostburg County

CERTIFICATE OF DEATH

MARYLAND

Died at Frostburg Md
Date of death 1909 DEC 13 Age 82 Months 6 Days 25
Sex F Color or Race W Birthplace Frostburg Md
Occupation Housewife Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or
Husband

James Kane

Father's
Name

Dennis Beall

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Hill

Mother's
Birthplace

Md

Name of person giving
Information

F.C. Beall

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Cardiac Disease

How long

Don't know

Immediate

Old age

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Griffith
Frostburg

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Leaf of Town
Horsburg Lumber Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Month

Day

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Lafferty
Town Escholt Mines County Allegany

MARYLAND

Died at Date of death 1909 Month Oct. Day 8 Age One Months 10 Days 13

Sex Female Color or Race White Birth-place Escholt Mines

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name John Elvin Lafferty Father's Birthplace Alleg: Co -

Mother's Maiden Name May Dudley Mother's Birthplace Alleg: Co -

Name of person giving Information Mrs. May Dudley How related to deceased Mother -

CAUSES OF DEATH

64

Primary How long Immediate Sudden congestion of brain. 6 hours.

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician J. H. Crowell -

Address Escholt Mines, W. Va.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hafer, &
Eckhart Am

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Roy Leonard Lamb

Town *Barrelville* County *Allegheny*

Died at *Barrelville* *Allegheny* **MARYLAND**

Date of death *1909* Month *Dec.* Day *24* Age *2* Years *7* Months *20* Days

Sex *Male* Color or Race *White* Birth-place *Flinton*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *David R. Lamb* Father's Birthplace *Huntsdale, Pa.*

Mother's Name *Minnie May Moore* Mother's Birthplace *Smithton, W. Va.*

Name of person giving Information *David R. Lamb* How related to deceased *Father*

PHYSICIAN
OR CORONER

Playing with match and set clothes on fire

CAUSES OF DEATH **(167)**

Primary *Burns on body* How long *12*

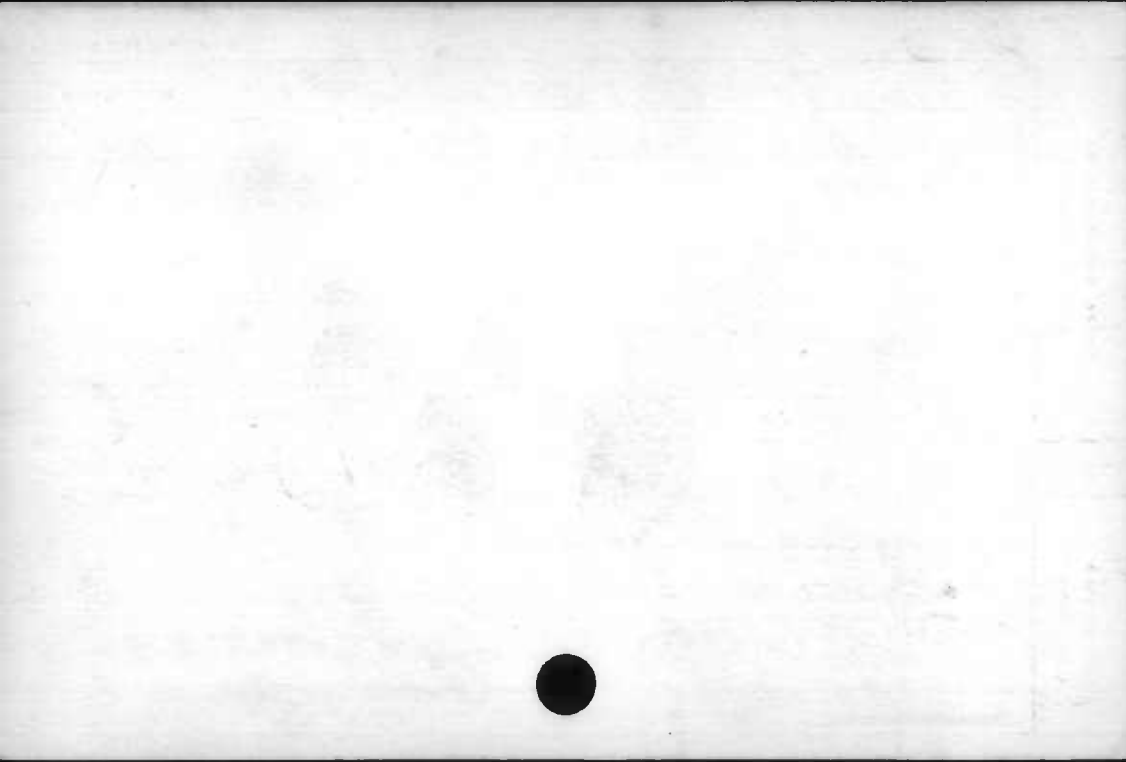
Immediate *Burns* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *F. Alan G. Murray M.D.*

Address *108 Saray Road*

Accident or Suicide *Accident*



Name
in
Full

Thomas Lancaster

CERTIFICATE OF DEATH

Died at ^{Town} Leo Home ^{County} Allegany

MARYLAND

Date of death 1909 Dec 14 Age 67 Months — Days —

Sex Male Color or Race White Birth-place Md

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband New Luver

Father's Name New Luver Father's Birthplace New Luver

Mother's Maiden Name New Luver Mother's Birthplace New Luver

Name of person giving Information Peter Wilson How related to deceased None

CAUSES OF DEATH

91

Primary Chronic Bronchitis How long 4 mo

Immediate Exhaustion How long 1 w 12

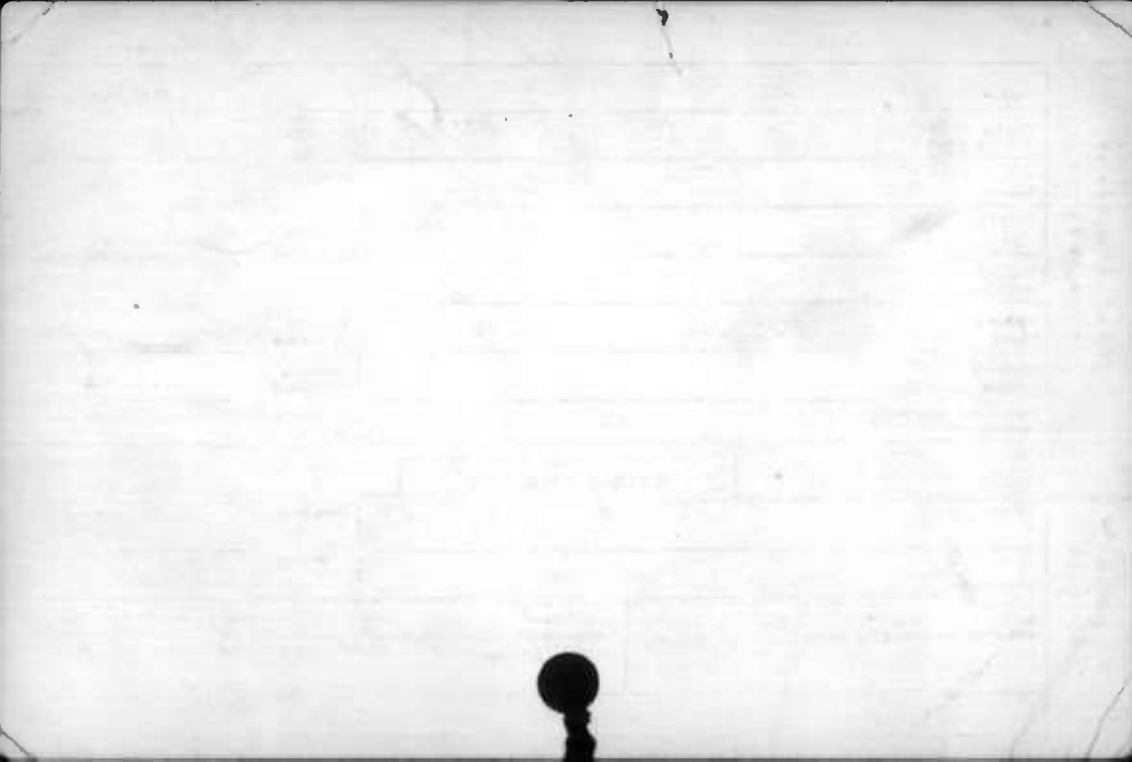
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. Swigg

Accident or Suicide Location Cumberland Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

Arthur B Largent

Town

County

MARYLAND

Died at Frostburg

Allegheny

Date

of death

1909 Dec

Month

Day

29

Age

Years

48

Months

5

Days

19

Sex

Male

Color or Race

white

Birth-place

Virginia

Occupation

Carpenter

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Anna Largent (deceased)

Father's Name

Unknown

Father's Birthplace

Virginia

Mother's Maiden Name

Unknown

Mother's Birthplace

Pa

Name of person giving Information

Milton Largent

How related to deceased

Son

CAUSES OF DEATH

Primary

Alcoholism

How long

3 years

Immediate

Heart Failure

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. L. Linger

Address

Frostburg Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Protesting Tenn. Ord.

Allegany County

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Adele Spidsey

Died at *Cumt.*

Allegheny County

MARYLAND

Date

of death 1909

Month

12

Day

22

Age

Years

4

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Cumt.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles - Lindsay

Father's
Birthplace

Hagerstown

Mother's
Maiden Name

Nettie - Lindsay

Mother's
Birthplace

Pennington

Name of person giving
Information

Barbara Lindsay

How related
to deceased

Aunt

CAUSES OF DEATH

167

Primary

Burn. Entire body charred

How long

3 hrs.

Immediate

Shock at fire & clothes playing with matches

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

A. L. H. H. H. H. H.

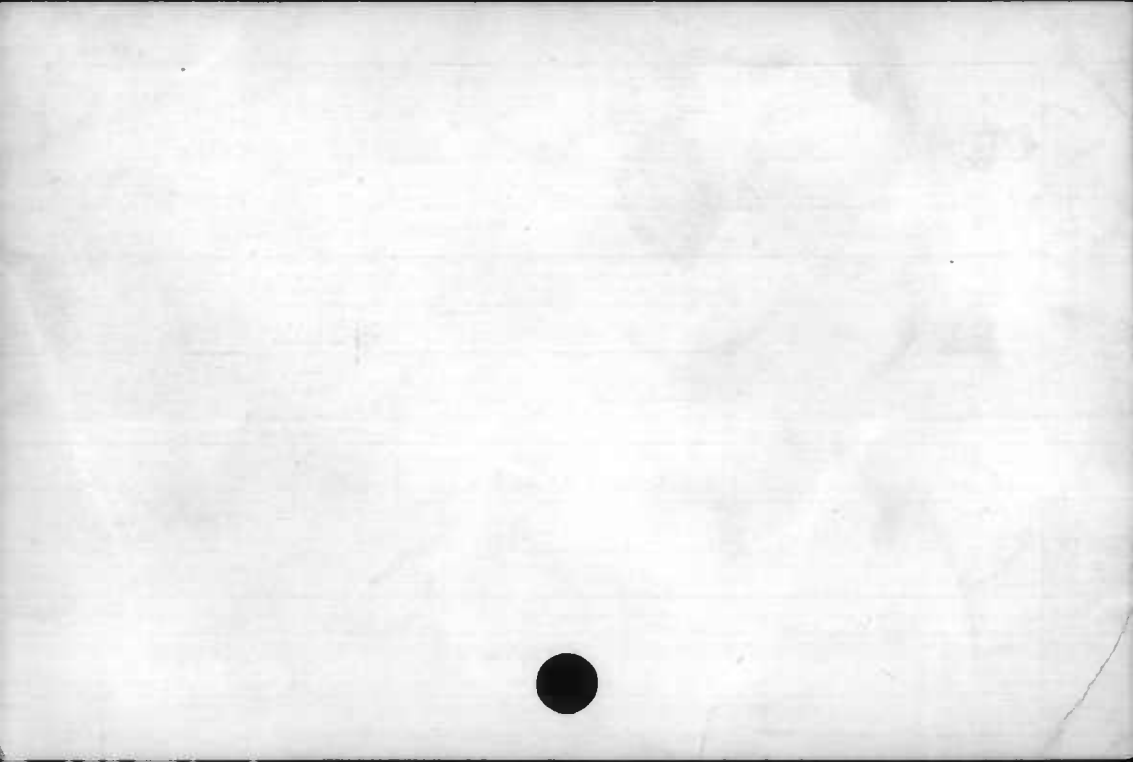
Address

Cumt. Md.

Accident or ~~Suicide~~

accident

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Little

Town

Cumberland

County

Allegh

MARYLAND

Died at

Date

of death

1909

Month

Dec

Day

24

Age

Years

35

Months

—

Days

—

Sex

Female

Color or
Race

white

Birth-
place

Boston, Mass.

Occupation

Housekeeper

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widow.

Name of Wife or
Husband

Wm. Little.

Father's
Name

Henry Betz

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Profetter

Mother's
Birthplace

"

Name of person giving
Information

Henry Betz

How related
to deceased

Bro.

CAUSES OF DEATH

47

✓

Primary

Acute Articular Rheumatism

How long

3 weeks

Immediate

Mitral regurgitation

How long

36 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

William A. Ford MD

Address

109 Virginia Ave

Cumberland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

6



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

M. Joseph Myers

Town *Lanham* County *Allegany* MARYLAND

Died at *Lanham*

Date of death 190 *9* Month *Dec* Day *31* Age *5-17* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Frostburg Md.*

Occupation *Housekeeper* Where Residing if not at place of death *Frostburg Md.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Joseph Myers (deceased)*

Father's Name *William Lee* Father's Birthplace *Scotland*

Mother's Maiden Name *Hansay Cobb* Mother's Birthplace *Scotland*

Name of person giving Information *Miss G. K. Chum* How related to deceased *Daughter*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

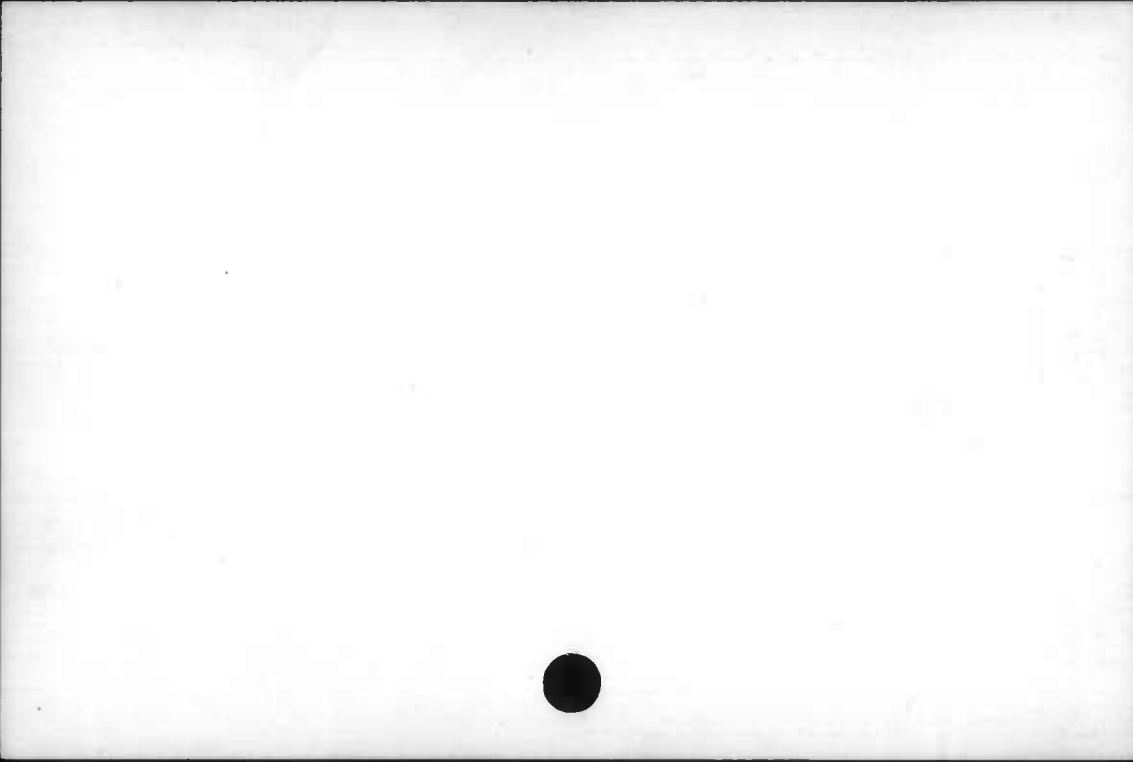
Primary *Pneumonia* How long *4 days*

Immediate *Heart failure* How long *3 hrs. 30 min.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Skilling M.D.* Address *Lanham*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

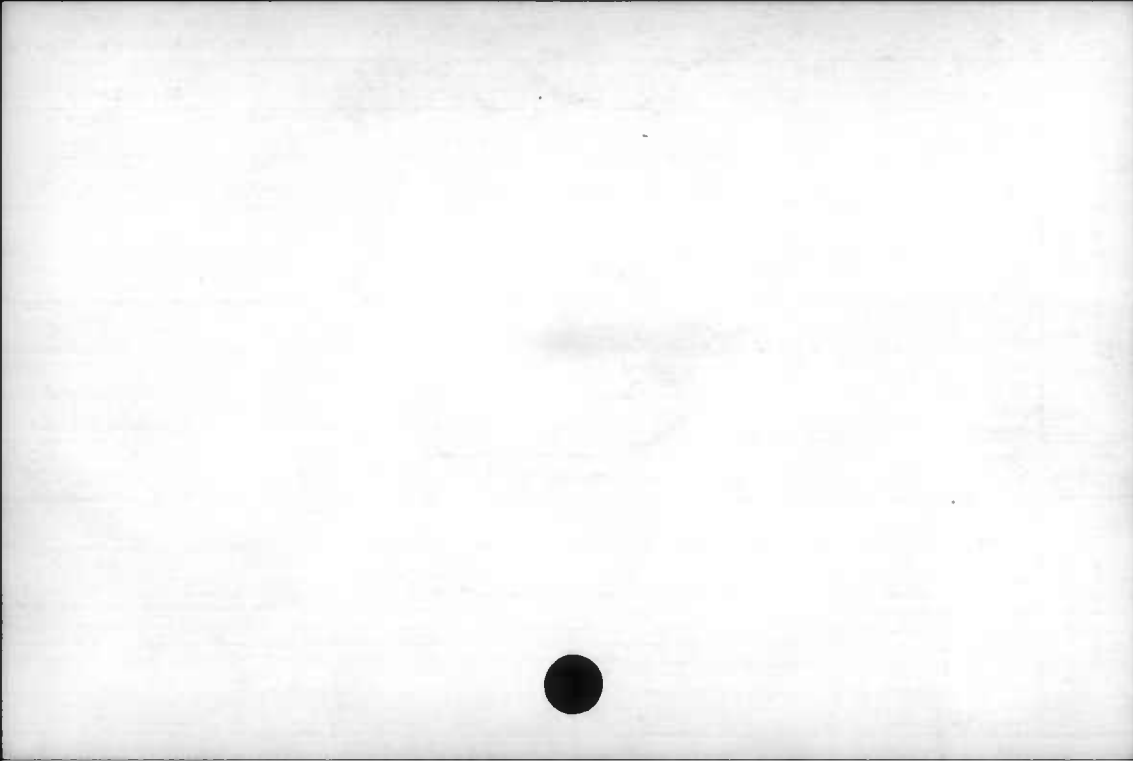
Name *Nora Myers* Town *Cumberland* County *Alleg*
 Died at *Cumberland* Maryland
 Date of death 1909 Month *Dec* Day *29* Age *22* Years Months *—* Days *—*
 Sex *Female* Color or Race *White* Birth-place *Md*
 Occupation *Housekeeper* Where Residing if not at place of death *—*
 Married, Single or Widowed *Married* Name of Wife or Husband *Herbert A Myers*
 Father's Name *James Johnson* Father's Birthplace *Md*
 Mother's Maiden Name *Do not know* Mother's Birthplace *D.K.*
 Name of person giving Information *Herbert Myers* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *6 months*
 Immediate *Oedema of Lungs* How long *2 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *W. R. Hodges, M.D.*
 Address *Cumberland, Md.*
 Accident or Suicide *Stomach*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John Peabody Jr.* **County** *Prince Georges* **MARYLAND**

Died at *London* **Month** *12* **Day** *20* **Years** *60* **Months** *—* **Days** *—*

Date of death *1909* **Age** *60*

Sex *Male* **Color or Race** *White* **Birthplace** *England*

Occupation *—* **Where Residing if not at place of death** *Washington D.C.*

Married, Single or Widowed *—* **Name of Wife or Husband** *Esther Peabody*

Father's Name *John Peabody* **Father's Birthplace** *England*

Mother's Maiden Name *Jane Power* **Mother's Birthplace** *England*

Name of person giving information *Esther Peabody* **How related to deceased** *Wife*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Labor Pneumonia* **How long** *2 days*

Immediate *Exhaustion* **How long** *One day*

Are the name, age, sex, color, date and place correctly given above? *Yes.* **Signature of Physician** *J. B. McDonald*

Address *Annaburgh Md.*

Accident or Suicide *—*

M^cDonalds

"

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Exford</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190		Month <i>9</i>		Day <i>12</i>		Age <i>25</i>	
Sex <i>Female</i>		Color or Race <i>W.</i>		Birth-place <i>Pa</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Samuel Porter</i>					
Father's Name <i>Wm. L. Porter</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Elizabeth Fowler</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Suzanna Porter</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary	<i>Senile dementia</i>	How long <i>11 1/2</i>	<i>Several years</i>
Immediate	<i>Nephritis</i>	How long <i>1</i>	<i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. O. Lester</i>	
		Address <i>Fronting</i>	
Accident or Suicide <i>No</i>			

PHYSICIAN
OR CORONER

F. J. N. C.

Eckhart

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Grass *Parkings*
Town County

Died at *Cumberland* *accident* MARYLAND

Date of death 1909 Month 12 Day 3 Age 26 Years Months Days

Sex *Female* Color or Race *White* Birth-place *Cumberland*

Occupation *Clork* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *James Parkings* Father's Birthplace *MD*

Mother's Maiden Name *Maggie Fox* Mother's Birthplace *Ireland*

Name of person giving Information *John Parkings* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *5 mos*

Immediate *Hemorrhage* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. W. Wiley* Address *Cumberland MD*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin F. Reynolds -

Died at *Ellerslie* Town

County

Allegany

MARYLAND

Date
of death *1909*Month
*12*Day
13

Age

Year
*44*Months
11

Days

Sex

*male*Color or
Race*White*Birth-
place*Barker Iowa*

Occupation

*Farmer*Where Residing if not
at place of death*Ellerslie Md*Married, Single
or Widowed*Widower*Name of Wife or
Husband*Benjamin F. Reynolds*Father's
Name*James. Reynolds*Father's
Birthplace*Don't know*Mother's
Maiden Name*Bettie Earls*Mother's
Birthplace*Gardonsville Va*Name of person giving
information*C. H. 12 last Elmore*How related
to deceased*Brother in Law*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

La-Grippe

How long

4 days

Immediate

Cerebro Meningitis

How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Heard Smith & W. Wiley*

Address

*Ellerslie, and
Cucumberland Md*

Accident or Suicide?

Yes



Name
in
Full

Hannah Johnson Roberts

CERTIFICATE OF DEATH

Died at *Barton* ^{Town} *Allegheny* ^{County} **MARYLAND**

Date of death 1909 ^{Month} Dec ^{Day} 24 Age ^{Years} 48 ^{Months} 5 ^{Days} 23

Sex *Female* Color or Race *white* Birthplace *Allegheny, W.*

Occupation *H.W.* Where Residing if not at place of death ☒

Married, Single or Widowed *married* Name of Wife or Husband *James S. Roberts*

Father's Name *Adam Johnson* Father's Birthplace *England*

Mother's Maiden Name *Jane Davis* Mother's Birthplace *Mineral Co., W. Va.*

Name of person giving Information *James S. Roberts* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Cancer of uterus* 42 ☒ How long *Unknown*

Immediate *was well developed when discovered* *was bad fact 6 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of
Physician

Address

*J. A. Boucher**216 Barton*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *infant Rumion*
Town *Cumberland* County *Md*
Died at

MARYLAND

Date of death 1909 *Dec* Month *29* Day Age *—* Years Months DaysSex *Male* Color or Race *White* Birth-place *Md*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Emory Rumion*Father's Birthplace *West Va*Mother's Maiden Name *Theresa Ash* Mother's Birthplace *Md*Name of person giving Information *Emory Rumion* How related to deceased *Father*

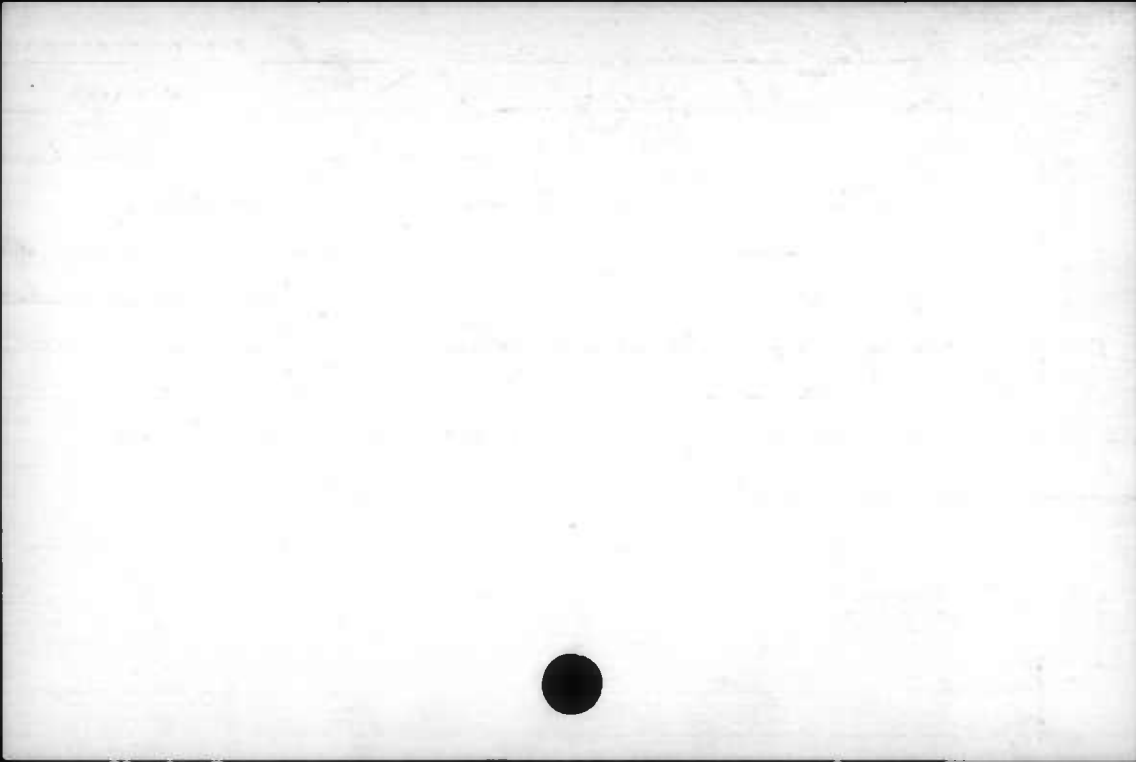
CAUSES OF DEATH

Primary *Unknown. (Syphilis)*How long *7 mos Child*Immediate *Still Born.*How long *1 mo.*Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide *A*PHYSICIAN
OR CORONER



Name
in
Full

Frank Sanbarr

CERTIFICATE OF DEATH

Died at Cumberland Allega — MARYLAND

Date of death 1909 12 29 Age 37

Sex Male Color or Race White Birth-place Va

Occupation Merchant Where Residing if not at place of death Cumberland Md

Married, Single or Widowed Married Name of Wife or Husband Dan Knorr

Father's Name Dan Knorr Father's Birthplace Dan Knorr

Mother's Maiden Name Mother's Birthplace

Name of person giving Information John Sanbarr How related to deceased Son

CAUSES OF DEATH

120

Primary Bright Disease How long 2 years

Immediate uremic coma. How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

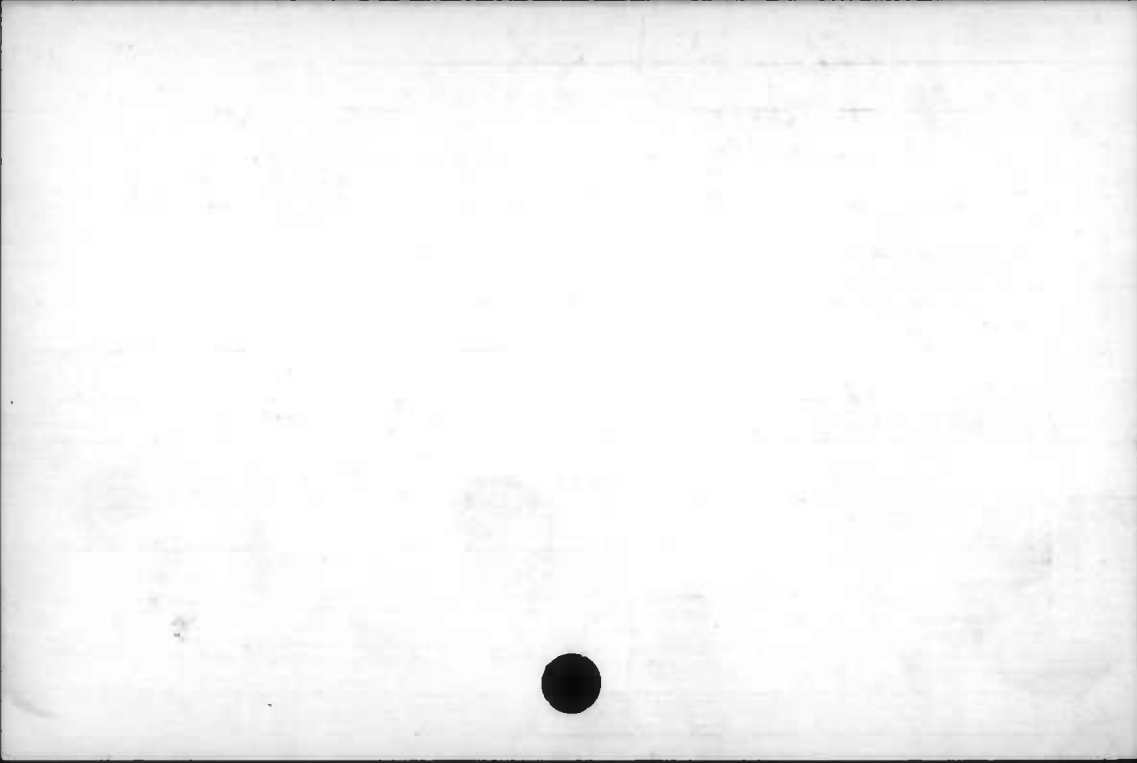
Thos. A. Knorr

Address

Cumbersburg

Md

Accident or Suicide



Name
in
Full

Leopold Schardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lonaconing Town Alligany County

Date of death 190 9 Month Dec Day 22 Age 82 Years Months 5 Days 20

Sex Male Color or Race White Birth-place Germany

Occupation Retired Miner Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband Christine Helfer.

Father's Name Unknown Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace "

Name of person giving Information Eustace Schardt How related to deceased Son

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Old age How long —

Immediate Cerebral Hemorrhage How long 3 days

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician Henry M. Lodgson

Address Lonaconing, Ind

Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elmer Simms* Town *Cumttd* County *Alleg.* Maryland
 Died at *Cumttd*
 Date of death 1909 *Dec* Month *31* Day Age *—* Years Months *8* Days *—*
 Sex *Male* Color or Race *Colord* Birth-place *Md*
 Occupation *None* Where Reaiding if not at place of death *—*

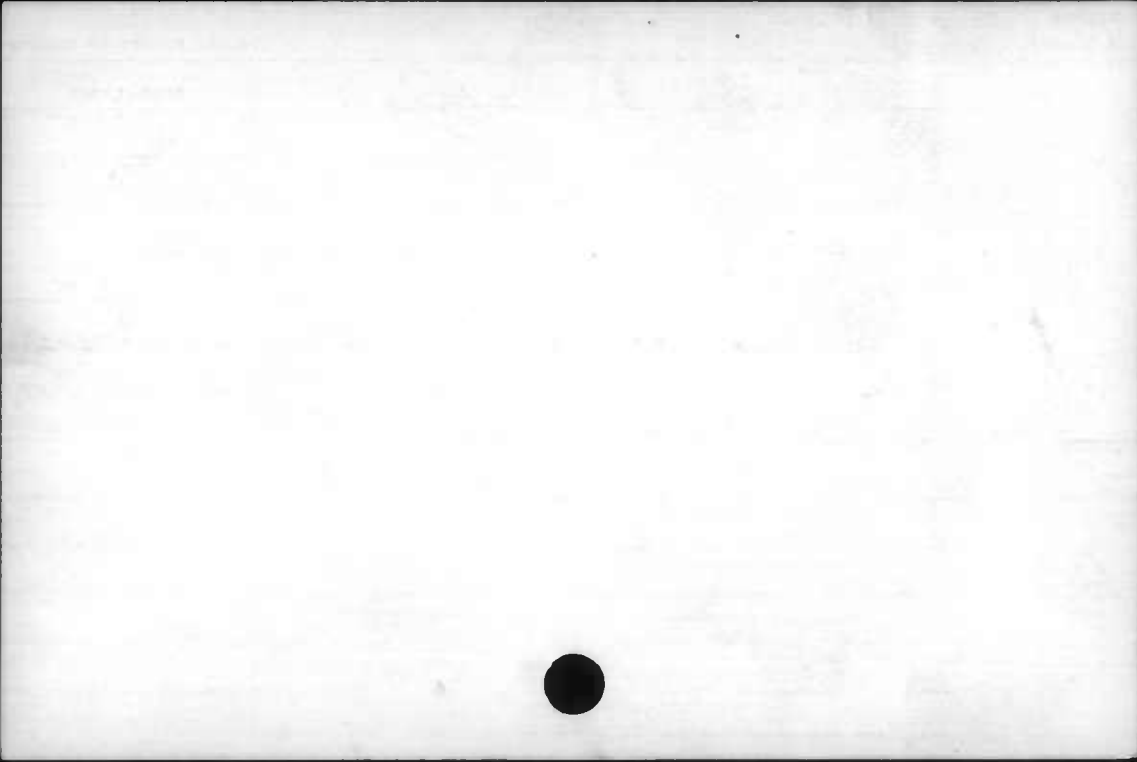
Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Joe. Simms* Father's Birthplace *Md.*
 Mother's Maiden Name *Mary R. Simms* Mother's Birthplace *West Va*
 Name of person giving Information *Joe. Simms* How related to deceased *Father*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Consumption* How long *24 yrs*
 Immediate *Exhaustion* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. L. D. Shubler*
Shubler Address *Cumttd*
 Accident or Suicide *Jan 1st* *Franklin Md*
Bertley Spas



Name
in
Full

CERTIFICATE OF DEATH

Effie N Smith

Died at *Baltimore Pike* *allergany* **MARYLAND**

Date of death 1909 *12* *2* Age *46*

Sex *Female* Color or Race *white* Birth-place *md*

Occupation *House wife* Where Residing if not at place of death *Baltimore Pike*

Married, Single or Widowed *Married* Name of Wife or Husband *Edman Smith*

Father's Name *J. A. B. Barbers* Father's Birthplace *md*

Mother's Maiden Name *Jane Gentry* Mother's Birthplace *md*

Name of person giving Information *Edman Smith* How related to deceased *Husband*

CAUSES OF DEATH

137

Primary *Infection (Puerperal)* How long *five days*

Immediate *Septicemia* How long *four days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James Wilson*

Address *Cumulus Lane*

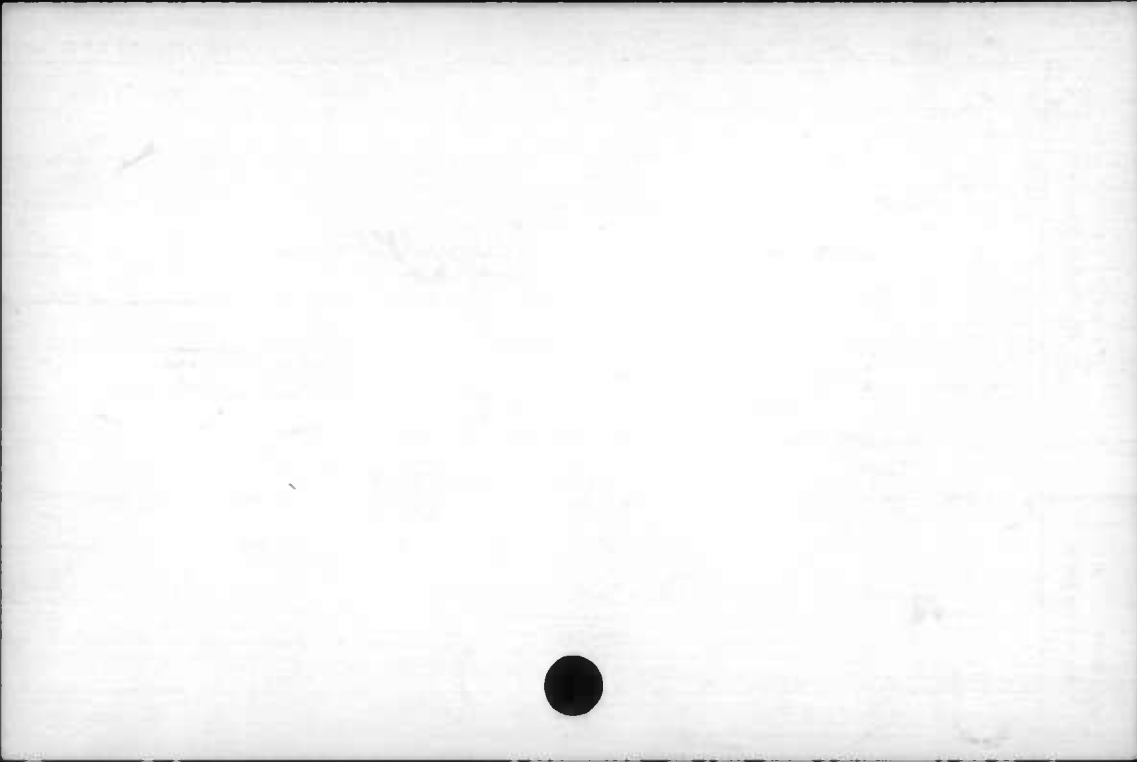
Accident or Suicide *md*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel Thompson*

Died at *National* ^{Town} (*Woodland*) *Allegheny* ^{County} **MARYLAND**

Date of death 190 *9* ^{Month} *Dec* ^{Day} *31* Age *70* ^{Years} ^{Months} ^{Days}

Sex *male* Color or Race *white* Birth-place *Ireland*

Occupation *Miner* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Sarah Park*

Father's Name *William Thompson* Father's Birthplace *Ireland*

Mother's Maiden Name *Sarah Thompson* Mother's Birthplace *Ireland*

Name of person giving Information *Mrs Sarah Thompson* How related to deceased *wife*

CAUSES OF DEATH

Primary *Chronic Bronchitis* How long *several years*

Immediate *Acute Bronchitis* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James O. Bullock M.D.
Linsconing Maryland

Accident or Suicide

*no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

True

Died at *Cumberland* Town *Allegheny* County **MARYLAND**

Date of death 190 *9* Month *Dec* Day *25* Age *—* Years *—* Months *—* Days *1*

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *James W. Jones* Father's Birthplace *Pg*

Mother's Maiden Name *Mary Holsin* Mother's Birthplace *W Va.*

Name of person giving Information *James H. Jones* How related to deceased *Father*

CAUSES OF DEATH

Primary *Prmature Birth* *7th mo.*

Immediste

Are the name, age, sex, color, date and place correctly given above?

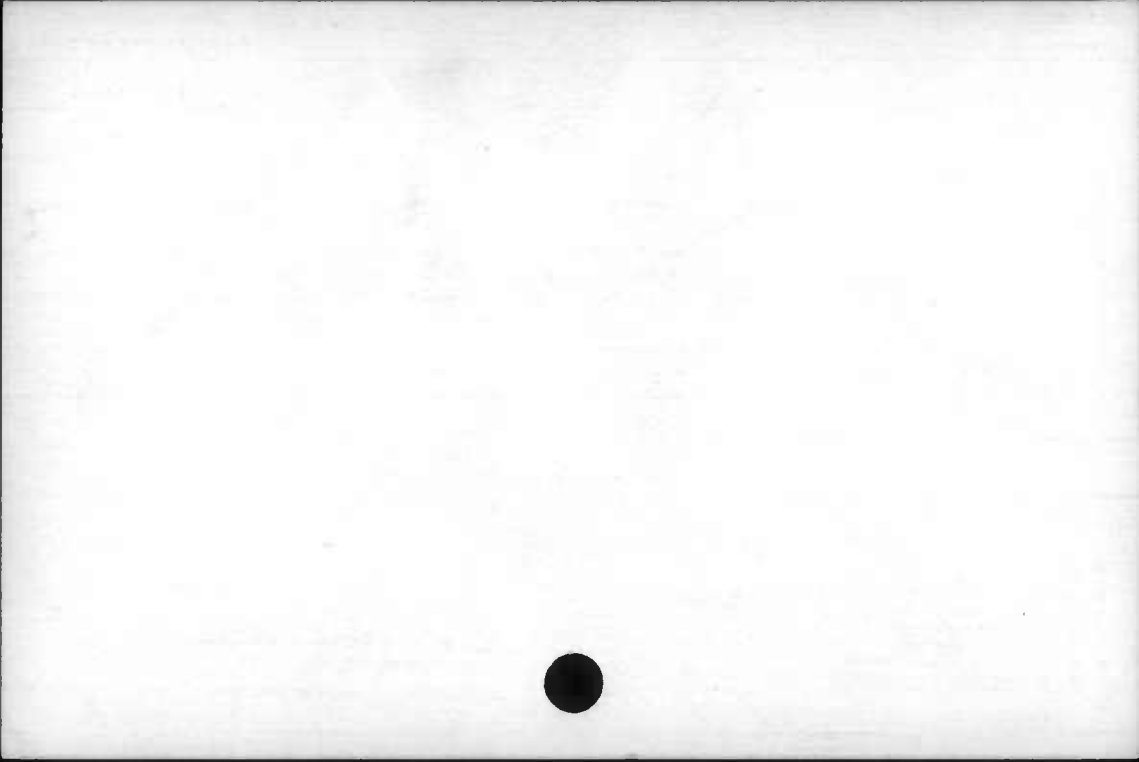
Yes

Signature of Physician

Address

Leith. Braddock
Cumberland
Ind.

Accident or Suicide *No*PHYSICIAN
OR CORONER



Name
in
Full

Tabitha Walker

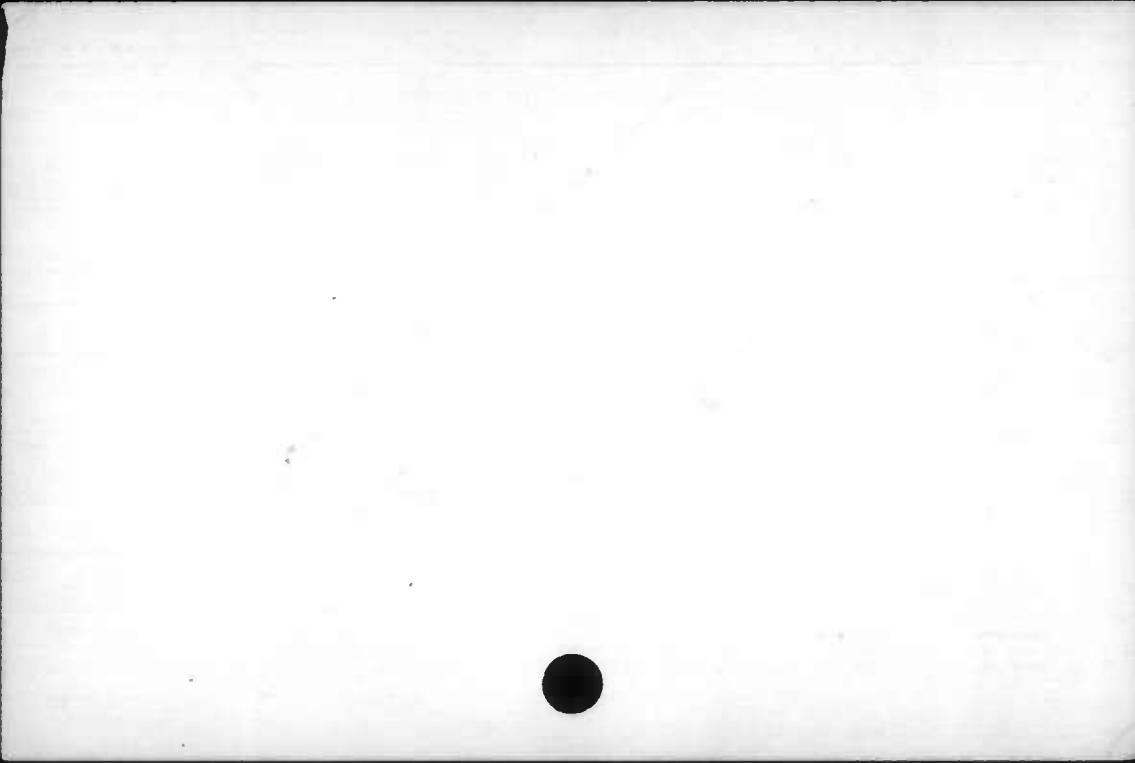
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cumberland		Alleghany					
Date of death	Month	Day	Age	Years	Months	Days	
1909	12	17	69	6	9		
Sex	Female		Color or Race	White		Birth-place	Washington Co
Occupation	House Wife		Where Residing if not at place of death		Cumbld Md.		
Married, Single or Widowed	Married		Name of Wife or Husband	J. M. L. Walker			
Father's Name	Michael Brantner					Father's Birthplace	Don't know
Mother's Maiden Name	Kathrine Allabaugh					Mother's Birthplace	- - -
Name of person giving information	James J. Walker					How related to deceased	Son
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	1 hr
Immediate	Coma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. J. P. Brace on 5	
Accident or Suicide		Address	
no		Cumbld Md	



Name
in
Full

Harry Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Midland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death	1909	Month	Dec.	Day	29
Age		Years	7	Months	11
Sex	Male	Color or Race	White	Birth-place	Midland, Md.
Occupation	_____		Where Residing if not at place of death <u>Midland, Md.</u>		
Married, Single or Widowed	Single	Name of Wife or Husband _____			
Father's Name	Harry Ward			Father's Birthplace	Ireland
Mother's Maiden Name	Elizabeth S. Cunningham			Mother's Birthplace	Ocean, Md.
Name of person giving information	Harry Ward			How related to deceased	Father

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<u>Relphtheria</u>	How long	9 days
Immediate	<u>Relphtheria</u>	How long	9 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<u>F. P. O'Neil</u>
		Address	<u>Midland.</u>
			<u>Md.</u>
Accident or Suicide?			

Hager,

Catholic C

Name
in
Full

CERTIFICATE OF DEATH

Louis Warner

Town

County

MARYLAND

Died at

Cumberland *Shesapeake*

Date

of death

1909 12

Day

27

Age

Years

79

Month

Days

Sex

Male

Color or
Race

White

Birth-
place

Chesapeake Md.

Occupation

Builder

Where Residing if not
at place of death

Cumberland

Married, Single

~~Widow~~

Widower

Name of Wife or
Husband

Bettie E. Wolf

Father's
Name

Luckner

Father's
Birthplace

Chesapeake

Mother's

Maiden Name

" " Mrs. Hiram Wolf

Mother's
Birthplace

" " "

Name of person giving
Information

Mrs. Hiram Wolf

How related
to deceased

none

CAUSES OF DEATH

Primary

Cerebral hemorrhage

How long

2 days

Immediate

Coma

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

W. H. Braceron D

Address

Ames

md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W. H. Braceron D

Grace

Name
in
Full

CERTIFICATE OF DEATH

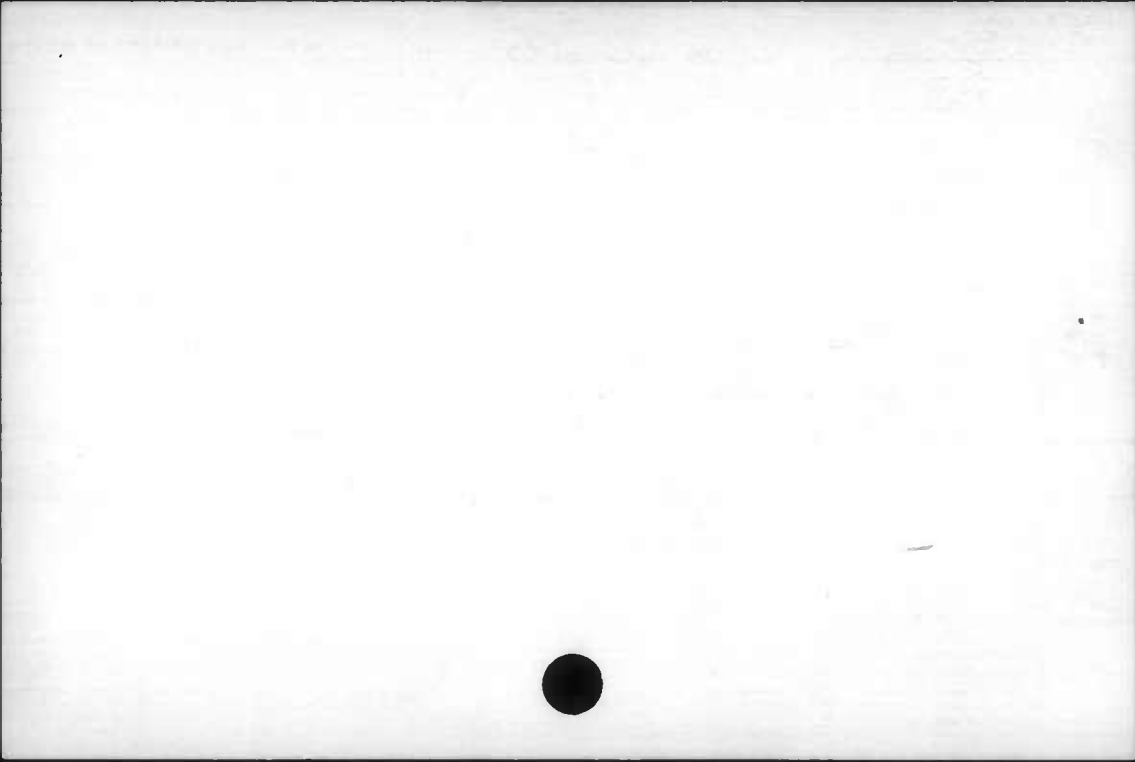
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>infant Washington</i>		Town <i>Washington</i>		County <i>Alleg</i>		State <i>MARYLAND</i>	
Died at <i>Burrld</i>		Month <i>Dec</i>		Day <i>12</i>		Years <i>—</i>	
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>12</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colord</i>		Birth-place <i>Md.</i>		Months <i>—</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>William Washington</i>		Mother's Maiden Name <i>Rachial Gant</i>		How related to deceased <i>Grandfather</i>		Name of person giving Information <i>Jerrey Gant</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillborn</i>	How long	<i>2</i>
Immediate	<i>It</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>Al Brae M.D.</i>	
<i>Steve</i>		Address <i>Alleg Co.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Idexter A. Welsh

Town

County

MARYLAND

Died at

Pleasant Valley, Maryland

Date

of death

1909

Month

12

Day

30

Years

Age 68

Months

9

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

House Wife

Where Residing if not
at place of death

Pleasant Valley

Married, Single
or Widowed

Married

Name of Wife or
Husband

I. P. Welsh

Father's
Name

Salaman Smith

Father's
Birthplace

Pa

Mother's
Meiden Name

I. Northcraft

Mother's
Birthplace

Pa

Name of person giving
Information

Perry E. Welsh

How related
to deceased

Son

CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Thos. W. Lewis

Address

Summersfield

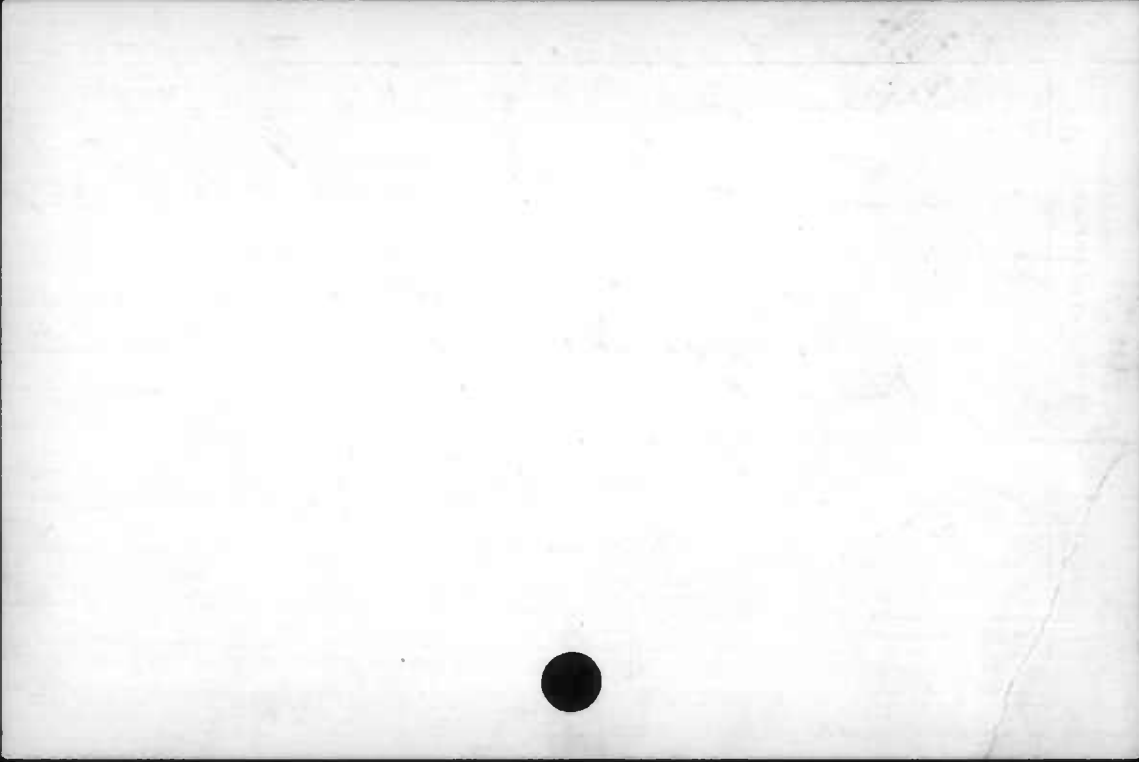
md

Accident or Suicide

Bad Heart, Pa

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Catherine Whitfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Middlestown* Town *Seelyang* County **MARYLAND**

Date of death 190 *9* Month *12* Day *25* Age *68* Years Months *4* Days *10*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *S.W.* Where Residing if not at place of death *Home*

Married, Single or Widowed *M.* Name of Wife or Husband *George Whitfield*

Father's Name *— Murray* Father's Birthplace *Ireland*

Mother's Maiden Name *— Ball* Mother's Birthplace *Ireland*

Name of person giving Information *Edw. Galvin* How related to deceased *Son*

CAUSES OF DEATH

Primary *Chronic Parenchymatous Nephritis* How long *2 years*

Immediate *Coma* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Thomas H. Cleary* Address *Frostburg, Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

J. Hager

Catholic C

Name
in
Full

Mable A. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

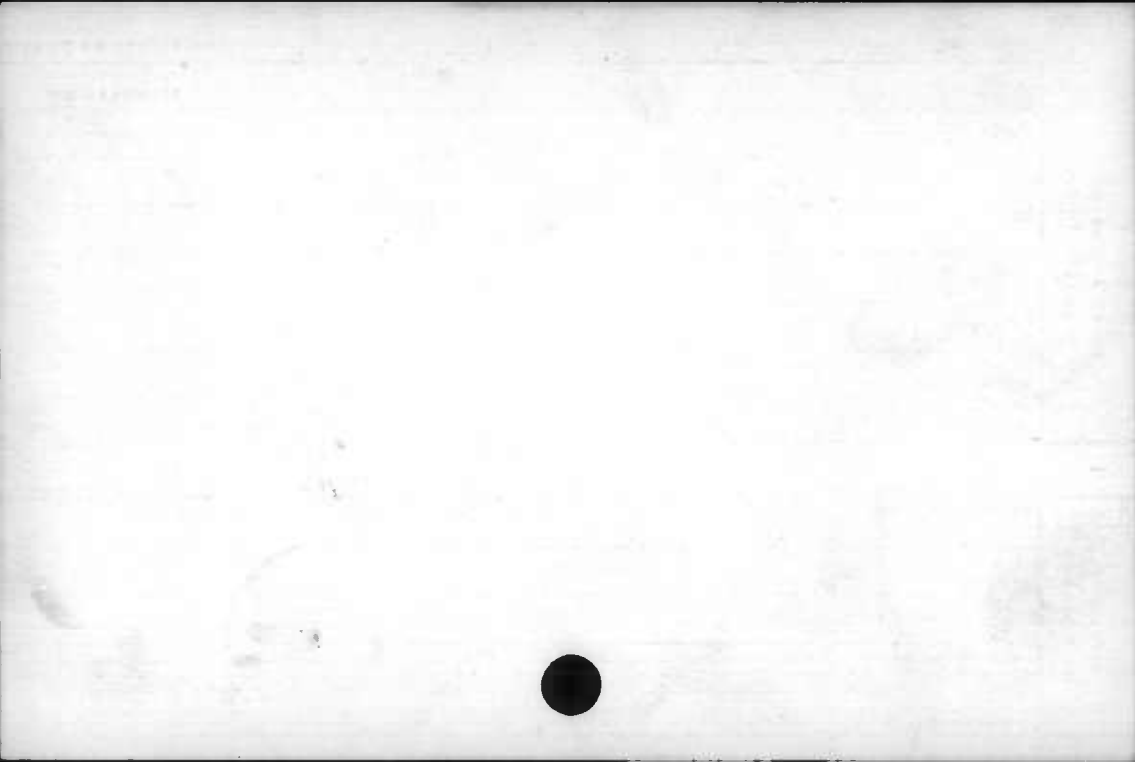
Died at <u>Cumberland</u> Town		<u>Alleghany</u> County		MARYLAND	
Date of death	190 <u>9</u> Month <u>Dec.</u> Day <u>3</u>	Age	<u>4</u> Years	Months <u>9</u>	Days <u>23</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Cumt's, Md.</u>
Occupation	<u>Infant</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>C. F. Williams.</u>		Father's Birthplace	<u>W. Va.</u>	
Mother's Maiden Name	<u>Margaret Boyd</u>		Mother's Birthplace	<u>Ohio</u>	
Name of person giving Information	<u>Margaret Boyd</u>		How related to deceased	<u>Mother.</u>	

CAUSES OF DEATH

(167)

Primary	<u>Face, neck, legs, and a portion of chest.</u>	How long	<u>16 hours.</u>
	<u>Burned (clothing caught fire).</u>	How long	<u>2 hours.</u>
Immediate	<u>Pneumonia lobar.</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>William H. Hand MD</u>	
Address		<u>109 Virginia Ave</u>	
<u>Playing with box-fire.</u>		<u>Cumberland, Md.</u>	
Accident or Suicide		<u>No.</u>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John C Young</i>		Town <i>Cumtola</i>		County <i>Allegh</i>		MARYLAND	
Died at <i>Cumtola</i>		Month <i>Dec</i>		Day <i>13</i>		Years <i>65</i>	
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>13</i>		Age <i>65</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Months ____ Days ____	
Occupation <i>Butcher</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Allen M Young</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Rebecca Duval</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Wm H Young</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>2 yrs</i>
Immediate <i>Same</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Wilson</i>
Accident or Suicide <i>Friede mt</i>	Address <i>Cumtola md</i>

